WEST END VETERINARY OFFICE

Dr. Don Factor

Owners Name		Phone ()_		
Address:				
City/State/Zip:				
Bird's Name:	Species: _		Sex: M	F
Unknown	Age (Hat	tch Date)		
How was the sex identified	? Surgically	DNA (feather/ bl	lood test)	_
other (describe)		_		
Identification (show number	er): Microchip	Band		
Bird is a pet: Bree	eder: (has prod	uced young or eggs	describe:	
Where did you get your bir	d from? NAME: Stor	re		
Private party	Breed	der		
Other				
Date acquired:				
Has the bird been quaranting quarantine:			e: Leng	gth of
Present environment:				
Bird is kept in: (check all	that apply) indoor	outdoor	a cage	
aviary free in the	house in a bird	l room in a fai	mily area	
Other birds in the same cap	ge or aviary:			
Where is your bird's cag	e located in the home	e?		
Temperature of your bird	d's environment? Su	ımmer	Winter	

List other birds on the premises, indoors or outdoors:
List other pets in the home or yard:
List toys available to the bird:
What do you use on the bottom of the cage? Can the bird reach it?
Frequency of cage cleaning:
Method and frequency of cleaning of food/water bowls
How many hours of darkness does your bird have each day?
Diet: Pellets(brand) Seeds
Table foods
Combination (how much of each)
How many times of day do you feed?
If your bird is not well today:
What are the symptoms you are seeing? (Circle all that apply): diarrhea; blindness; vomiting;
constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; fluffed feathers; drooping or
injured wings or legs; eye/nostril/ear bleeding or injury; bitten by other bird or pet; feather picking or
feather loss; skin bleeding; lameness; change in personality; change in vocalizations; change in stool
consistency; change in appetite; excessive water consumption; coughing
Describe any other:
Has your bird ever been seen by any other veterinarian?
When/?
Why?
I was referred to West End Veterinary Office by